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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/316,938
	Filing Date	05/21/1999
	First Named Inventor	Michael Thorsen
	Group Art Unit	2166
	Examiner Name	Rimell, Samuel G.
Total Number of Pages in This Submission	Attorney Docket Number	1685

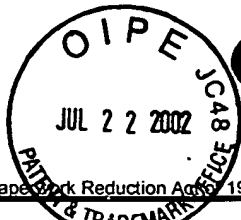
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Continued Examination (RCE); Check in the amount of \$830.00; and Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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GROUP 360

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Beck & Tysver, P.L.L.C.
Signature	<i>Stephanie James</i>
Date	7/15/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>7/15/02</u>			
Typed or printed name	Stephanie J. James	Date	7/15/02
Signature	<i>Stephanie James</i>		

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

830.00

Complete if Known

Application Number	09/316,938
Filing Date	05/21/1999
First Named Inventor	Michael Thorsen
Examiner Name	Rimell, Samuel G.
Group Art Unit	2166
Attorney Docket No.	1685

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GROUP 2600

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 500-246
Deposit Account Name: Beck & Tysver

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity	Small Entity	Fee Description	Fee Paid
	Code (\$)	Code (\$)		
101	740	201 370	Utility filing fee	
106	330	206 165	Design filing fee	
107	510	207 255	Plant filing fee	
108	740	208 370	Reissue filing fee	
114	160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
		-20** =	X	
		-3** =	X	

	Large Entity	Small Entity	Fee Description
	Code (\$)	Code (\$)	
103	18	203 9	Claims in excess of 20
102	84	202 42	Independent claims in excess of 3
104	280	204 140	Multiple dependent claim, if not paid
109	84	209 42	** Reissue independent claims over original patent
110	18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

	Large Entity	Small Entity	Fee Description	Fee Paid
	Code (\$)	Code (\$)		
105	130	205 65	Surcharge - late filing fee or oath	
127	50	227 25	Surcharge - late provisional filing fee or cover sheet	
139	130	139 130	Non-English specification	
147	2,520	147 2,520	For filing a request for ex parte reexamination	
112	920*	112 920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115	110	215 55	Extension for reply within first month	
116	400	216 200	Extension for reply within second month	
117	920	217 460	Extension for reply within third month	460.00
118	1,440	218 720	Extension for reply within fourth month	
128	1,960	228 980	Extension for reply within fifth month	
119	320	219 160	Notice of Appeal	
120	320	220 160	Filing a brief in support of an appeal	
121	280	221 140	Request for oral hearing	
138	1,510	138 1,510	Petition to institute a public use proceeding	
140	110	240 55	Petition to revive - unavoidable	
141	1,280	241 640	Petition to revive - unintentional	
142	1,280	242 640	Utility issue fee (or reissue)	
143	460	243 230	Design issue fee	
144	620	244 310	Plant issue fee	
122	130	122 130	Petitions to the Commissioner	
123	50	123 50	Processing fee under 37 CFR 1.17(q)	
126	180	126 180	Submission of Information Disclosure Stmt	
581	40	581 40	Recording each patent assignment per property (times number of properties)	
146	740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	370.00
179	740	279 370	Request for Continued Examination (RCE)	
169	900	169 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

830.00

SUBMITTED BY

Name (Print/Type) Stephanie J. James

Registration No. 34,437
(Attorney/Agent)

Complete (if applicable)

Telephone 612-915-9633

Signature

Date

7/15/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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